

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Child Protection Register Check Application
License to Operate a Foster Home (CPR Check – foster home license)
EMERGENCY TEMPORARY LICENSE ONLY

This form is used for a CPR Check requested in connection an application for a license from the D.C. Child and Family Services Agency to temporarily operate a foster home.

INSTRUCTIONS: Please *PRINT* or *TYPE*, filling in all requested information, and sign in the places marked “Applicant Signature.” **Please do not use initials to represent your first or middle name.** However, if your first or middle name consists of only an initial, please indicate. A complete street address is required in addition to P.O. Box numbers.

Each person living in the household (temporarily or permanently) of the person who is applying to be a foster parent (including a temporary foster parent) and who is 18 years of age or older, must complete a separate CPR Check Application.

PART I: Applicant Information

NAME: _____
Last First Middle

D.O.B. _____ Social Security No. _____
Month Day Year -- --

Race: _____ Gender: ☐ Male ☐ Female

List **all** names ever used (*maiden, married, alias, etc.; continue on additional pages if needed*):

Last First Middle

Last First Middle

Last First Middle

Last First Middle

Last First Middle

PART II: Licensee Information Provide the following information concerning the individual seeking the license to operate a foster home. If the same as the person identified in Part 1, above, write "same".

NAME: _____
Last First Middle

D.O.B. _____ Social Security No. ____--____--____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

PART III: Household Information List all persons living at the current address. Print their Name, Date of Birth, and Relationship below.

NAME (Last, First. Middle)	D.O.B	RELATIONSHIP

PART IV: Applicant Residency List all complete addresses (exclude zip code) at which the individual has resided in the past eighteen (18) years, and the dates lived there, beginning with the most recent. Continue on additional pages if needed.

[illegible]

PART V: Applicant Release

1. I understand and agree that this Child Protection Register Check Application – Emergency Temporary License to Operate a Foster Home is being made in connection with the application for a license to operate a foster home made by the person identified in Part II, above.
2. I understand and agree that the result of the CPR check will be provided to relevant CFSA foster home licensing and monitoring staff, as well as relevant staff of the child placing agency through which the licensing application is made (if different).
3. I understand and agree that the result of the CPR check may also be provided to relevant CFSA or contract agency staff providing case management services to a foster child who is or may be placed in the foster home.
4. I understand and agree that the results of the CPR check may also be shared with:
 - The individual who is applying for the license to operate a foster home if the results of the check are relevant to the decision whether to grant the license;
 - The Family Court if the results of the check are relevant to the court proceedings concerning a foster child who is or would be placed in the home; and
 - CFSA Office of Fair Hearings and Appeals or the District of Columbia's Office of Administrative Hearings if the results of the check are relevant to a fair hearing concerning the license to operate a foster home.

PART VI: Applicant Signature and Attestation This form must be notarized unless identification is shown to a CFSA staff member who has signed below.

The information in this Child Protection Register Check Application – License to Operate a Foster Home is true and correct to the best of my knowledge, information and belief.

Applicant's Signature

Date

Identification has been shown to me that I have deemed satisfactorily identifies the applicant::

Type of ID _____

ID # _____

Witnessed by CFSA staff member:

Name printed: _____

Title: _____

DISTRICT OF COLUMBIA:

Subscribed and affirmed or sworn to me, in my presence,

on this _____ day of _____, 20____.

Signature of Notary Public

Notary Public, District of Columbia

My commission expires on ____/____/____

PART VII: Agency Information (Please review entire application before forwarding to the CFSA CPR Office).
MAIL COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
400 6th Street, SW
Washington, DC 20024
Attn: Child Protection Register

➤ **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA MAIL:**

Agency Name: _____ Phone Number: _____
Email Address (optional): _____ Cubicle/Room #: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Attention: _____
Last Name First Name

➤ **TO BE COMPLETED BY REFERRING AGENCY REQUESTING RESPONSE VIA FAX:**

Please fax the response to: _____
(Agency Name)
Attention: _____
(Designated Agent)
Fax Number _____

I UNDERSTAND THAT I WILL NOT RECEIVE AN ORIGINAL COPY IN THE MAIL IF I REQUEST A
FAXED COPY. _____
(Initials)